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ABSTRACT

The project involved 14 trainees who were employed by the Utah Migrant Council prior to their training with 8 trainers. Pre-determined by the basic job descriptions for the Health Specialist, the objectives dealt with two basic factors: trainee knowledge and trainee skills in performing specific tasks. Areas covered by the objectives were infection; the respiratory, circulatory, and digestive systems; nutrition; ear; pregnancy; labor and delivery; post partum; teeth; child development; illness in children; migrant environment; and health education. Classroom instruction, review sessions, consultant presentations, individual and small group instruction, role playing, case studies, and hands-on personal practice by the trainees were used in the training. Daily evaluations were conducted to provide the trainers constant feedback on a daily basis to determine how the trainees were progressing. Mid-point and final evaluations were conducted to determine the knowledge and skill levels of the trainees. Daily information was obtained through review sessions, laboratory observations and quizzes, individualized oral reviews and quizzes, daily reports from the trainees and trainers, attendance reports, and trainer de-briefing sessions. Mid-point and final evaluations were obtained via written examinations, oral questions, laboratory applications, and group problem solving. Overall, both the trainees and the trainers felt the project had been successful. (NQ)

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EVALUATION REPORT

UTAH MIGRANT COUNCIL

HEALTH SPECIALIST TRAINING PROGRAM

MAY, 1973

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PREFACE

Utah Migrant Council

Health Specialist Training Program Evaluation

This report is based on an evaluation of the Utah Migrant Council's Health Specialist Training Program. The report has been prepared by Mr. Tom Jones, Consultant to the Migrant Council, and Dr. John Gisler, Bureau of Community Development, University of Utah.

The training was initiated and carried out by Migrant Council Health Staff members. Funds which supported the training effort were provided the Migrant Council by the Intermountain Regional Medical Program at the University of Utah.

Although the planning for the training project was carried out many months in advance of the actual training, the training of Health Specialists began April 9, 1973. The formal classroom sessions were concluded six weeks later.

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HEALTH SPECIALIST TRAINEES

All of the trainees were employed by the Utah Migrant Council prior to the beginning of their training. Their names are:

Olivia Alvarado
Dora Chacón
Alma Cruz
Chester Dallas
Laura Dallas
Aurelio Garcia
Arturo Garza
Cecilio Mancha
Simona Matu
Juan Medina
Maria Medina
Maria Nuñez
Juanita Sandoval
Stella Valdez

MIGRANT COUNCIL STAFF TRAINERS

The training staff, those who were involved in the day-to-day sessions in one way or another consisted of:

Gudrin Geibel, Training Coordinator
Julia Batt
Martha Quintana
Nora Valdez
Mary Louthen
Pam Bedell
Dee Steele
Carolyn Bennett

TRAINING OBJECTIVES

The objectives for the training project were pre-determined by the basic job descriptions for the Health Specialists. That is, what was taught was based upon what the Specialists were to know and to do in their jobs.

A series of planning sessions were held in which the training staff and medical and education consultants formed the objectives.

* * * * *

The training staff is to be highly commended for their tenacity and courage in attempting to adhere to those agreed-upon objectives.

* * * * *

The objectives dealt with two basic factors. These two factors were trainee knowledge and trainee skills in performing specific tasks. Wherever possible, levels of knowledge and performance were specified.

The objectives for the training project are listed as follows:

General:

1. Know and state the four basic body needs (food, air, water, excretion).

2. Know and state the four cell needs (same).

Infection:

1. Identify the cause of infection (infestation) and the four major types (bacteria, virus, fungus, parasite). Know they need different medication.

2. Identify seven characteristics of infection (heat, redness, swelling, pain, drainage, itching, red streaks).

3. Identify and describe five major types of surface infection (impetigo, boils, athlete's foot, wounds, blood poisoning).

4. Demonstrate and explain the usage of five methods to avoid and control surface infection (handwashing, cleansing, covering, application of medicine, soaking).

5. Identify six general symptoms of internal infection (fever, itching, pain, drainage, swelling, upset in body system involved).

6. Utilize critical information sheets for appropriate referral of symptoms of infection.

7. Demonstrate the use and care of thermometer and normal for oral, rectal and axillary.

Respiratory System:

1. Identify five major parts of the respiratory system (mouth, nose, trachea, bronchi, lungs).

2. Identify and observe for the seven characteristics of respiratory disease (wheeze, congestion, sputum, runny nose, difficulty or labored breathing, pain).

3. Identify and describe the five major respiratory diseases (strep-throat, common cold, bronchitis, pneumonia, tuberculosis).

4. Identify and describe the symptoms of allergy (rash, wheeze, shortness of breath).

5. Identify and describe the respiratory effects of chronic smoking (wheeze, shortness of breath, cancer).

6. Demonstrate and explain eight methods to avoid and control the above mentioned diseases (cover mouth, disposal of phlegm and sputum, isolation, separate utensils, humidity, medication, rest and fluid).

7. Utilize critical information sheets for appropriate referral.

8. Count respirations per minute.

Circulatory System:

1. Identify and describe the function and the six major parts of the circulatory system (transportation, heart, artery, vein, blood, RBC, WBC).

2. Identify and observe for the six major symptoms of the circulatory disease (change in pulse, blood pressure, chest pain, edema, cyanosis, dizziness).

3. Identify and describe the six major diseases of the circulatory system (heart attack, heart failure, varicose veins, hypertension, anemia, bleeding).

4. Identify and explain the six methods to avoid or control the above-mentioned diseases (diet, exercise, medication, rest, supphose, elevation).

Related Skills:

1. Obtain and record pulse within two per minute.

2. Obtain and record blood pressure within 4mm Hg.

3. Obtain and record hematocrit safely within one percent.

4. Utilize critical information sheet for appropriate referral.

Digestive System:

1. Identify the major parts of the digestive system and its function (Mouth, teeth, esophagus, stomach, large and small intestine, rectum, liver, gall bladder).

2. Identify and observe for the nine symptoms of disease in respiratory system (nausea, vomiting, change in color of stool, diarrhea, pain, temperature, rigid abdomen, dehydration, jaundice).

3. Identify and describe the nine common diseases of the digestive system (diarrhea, appendicitis, worms, ulcers, gastritis, hernia, hemorrhoid, gall stones).

4. Identify the four methods to avoid the above diseases (test water, care with food, unsanitary conditions, lifting heavy objects, straining).

5. Identify the four methods to control the above mentioned diseases (diet, cleanliness, fluid, medication, surgery).

6. Recognize and identify five vocabulary words (esophagus, nausea, dehydration, hernia, hemorrhoid).

Related Skills:

1. Obtain stool samples.

2. Obtain height and weight of adult within one-fourth inch and one-eighth pound.

3. Utilize critical information sheets for appropriate referral.

Nutrition:

1. Identify the six major nutrients and their major function (carbohydrate, fat, protein, water, minerals, vitamins).

2. Know and identify the symptoms of nutritional deficiency (bleed easily, bow legs, fatigue, slow growth).

Ear:

1. Identify and describe the three major parts of the ear (eardrum, middle ear, ear tube).

2. Identify the six symptoms of otitis media (pain, pressure, change in hearing, pulling ears, drainage, fever)..

Pregnancy:

1. Identify and describe the five major parts of pregnancy (conception, fetus, placenta, bag of waters, cord).

2. Identify the six signs of problems in pregnancy (vaginal bleeding, edema, nausea and vomiting after three months, high blood pressure, headaches, infection signs, pain).

3. Identify the five methods to avoid problems of pregnancy (medication only as ordered, nutrition, rest, cleanliness, nipple toughening).

Labor and Delivery:

1. Identify and describe anatomy and physiology of labor (contractions, rupture bag of waters, cervix dilates, placenta separates).

2. Identify signs of labor for referral to hospital (contractions regular and five minutes apart, rupture bag of waters, mucous plug).

3. Describe emergency delivery procedure (cleanliness, pant when crowning, clear airway of baby, tie cord, placenta care, uterine massage, baby warm and breathing).

4. Describe hospital procedures and layout (labor and delivery room, enema, prep, check cervix and contractions, anesthetic, episiotomy).

Post Partum:

1. Identify the four signs of complications (unusual discharge, infection (fever), bizarre behavior, cracked nipples).

2. Identify the four methods to avoid complications in mother (cleanliness, rest, nutrition, exercises as ordered).

3. Identify and describe three methods to avoid complications in newborn (cord care, circumcision care, cleanliness).

Teeth:

1. Identify the five major parts of teeth and supportive structures (gums, roots, nerves, saliva, tooth).

2. Identify the seven characteristics of disease (bleeding, pallor, loose teeth, receding gum, caries, pain, infection).

3. Identify gum infection and cavity.

4. Identify and describe the four major methods of prevention (brushing, massage, flossing, early treatment).

Child Development:

1. Identify three characteristics of infant (symmetrical, muscle control underdeveloped, crawling).

2. Identify four needs of infants (touch, talk, protection, stimulation).

3. Identify three characteristics of toddlers (talk, walk, independent).

4. Identify four needs of toddlers (talk, touch, appropriate stimulation, safety (poison and swallowing objects).

5. Identify three characteristics of pre-school age child (curiousity, fear, exploration).

6. Identify four needs of pre-schoolers (talk, touch, appropriate stimulation, safety (poison and swallowing objects).

7. Identify two characteristics of school age child (socialization, growing pains).

8. Identify four needs (talk, touch, appropriate stimulation, safety (auto accidents and drowning).

9. Identify two characteristics of puberty (physical development, confusion).

10. Identify three major needs of teenagers (feeling important, communication, emotional support).

Illness in Children:

1. Identify and describe seven symptoms of illness in children (cry, arch back, tense, change in eating, sleeping and activity; scratch, touch, pull affected part).

2. Identify and describe three differences in treatment of illness in children (different or less medication, rectal or axillary temperature, sponging in fever over 104 degrees).

3. Identify and explain need for common immunizations (DPT, polio, MMR).

Environment:

1. Recognize ten common health hazards in the migrant environment (contaminated food and water, inadequate waste disposal,

rodents and insects, faulty plumbing and wiring, unsound structures, poisons, machinery).

2. Identify at least one method to avoid or control each of these health hazards.

Education:

1. Identify five methods of teaching which can be used to help others learn about health and health care (films, books, pamphlets, explanation, demonstration).

2. Demonstrate an ability to communicate knowledge and understanding of health care information to migrants.

TRAINING METHODOLOGIES

The classroom instruction followed a general pattern which seemed to be highly effective.

For the most part, each day began with a review of what took place on the preceding day. During this time the trainees were encouraged to raise questions or express concerns about what was presented to them or about their experiences in the laboratory situations. They were also asked questions in a thorough manner by the trainers.

The review was also particularly well-suited for clarifying what consultants had presented. It was frequently found that outside consultants tended to overload the trainees with too much material. There were also problems with vocabulary in that certain terms used by consultants were foreign to the trainees (as would be the case for most lay persons dealing with technical terms for the first time). An additional problem related to communications between consultants and trainees was the barrier between English and Spanish languages.

The review served as a practical tool for the trainers to ensure that proper and clear translation was made. As well, the basic points of content presented by the consultants were clearly delineated to the trainees by the staff trainers.

Following the review, a consultant was brought in to the group. The consultant made his/her presentation based upon the objectives for the specific content area to be covered. This was provided the consultant in advance of the session so that there was time for adequate preparation.

Consultants were encouraged by the trainers to gear their presentations to effectively meet the understanding and communications levels of the trainees. They were also encouraged to use methods of presentation which included more than simple lectures. Where this was done, the effectiveness of the consultants was significantly greater in the minds of both the trainees and the trainers.

Consultants also entered into dialogues and question and answer periods with the trainees. This proved to be effective.

Following consultant presentations, generally in the afternoon sessions, the trainees were instructed in individual and small-group bases on how to perform specific tasks. After initial demonstrations by the trainers and some consultants, the remainder of laboratory sessions were devoted to hands-on, personal practice by the trainees. With few exceptions, the trainees became noticeably proficient in performing the prescribed skills.

* * * * *

Should additional training programs be provided by the Migrant Council, it is highly recommended that the above-mentioned laboratory sessions be included. They seem to produce highly desirable trainee performance.

* * * * *

The day was generally concluded with small group activities, generally something to do with group interaction and problem-solving. The techniques included role-playing and case studies. The groups would be presented with problem situations which they were to solve. They were encouraged to get an idea of the problem(s) they were dealing with, seek alternative solutions, select the appropriate avenue(s) towards solution, who was to perform certain tasks, and when it was to be done.

The trainers assigned to the groups would attempt to observe the participants to see if they developed a sense of cooperation in working with one another.

Although the evaluation data has not produced adequate information about the quality of the small-group sessions, it has to be assumed that they were important to the trainees. Casual observation of the trainees by the evaluators in the waning days of training gleaned considerable information that the trainees held mutual feelings of respect and trust for one another.

The evaluators feel that this positive regard by the Specialists for one another is essential, particularly when they encounter difficult situations in their work.

Sprinkled throughout the training sessions there were specific film showings, demonstrations, and field trips. These activities seemed to be well selected by the trainers and added appreciably to the overall learning by the trainees.

Following the training session, the trainees were required to complete a daily report form concerning that day. More will be mentioned about this in the "Evaluation" section which follows.

Another aspect of the training, toward the end of the classroom and laboratory instruction, provided for field visitations and home nursing experiences. This offered the trainees more opportunities to make first-hand observations and begin to function in some degree as Health Specialists.

* * * * *

A very outstanding feature of the training project was the effort the training staff put into attempting to individualize and personalize instruction when it was necessary, which was much of the time.

Language barriers, absenteeism, lack of understanding, fear of topics and consultants, and other factors entered into hindering trainee learning. The training staff was on the lookout for such problems and quickly intervened to provide personal attention in efforts to help trainees out of their difficulties.

* * * * *

Some mention needs to be made of the site for the classroom and laboratory instruction. Most instruction was provided in scheduled rooms in the Northwest Multi-Purpose Center. There seemed to be adequate space provided for training purposes. Also, the atmosphere there was quiet and conducive to learning. As

well as classroom space, there was an office provided to the staff. This included a telephone. And, there was free and easy access to the kitchen and bathrooms.

Trainees and trainers alike seemed to operate very comfortably and efficiently.

There were perhaps two disadvantages in using the Northwest Center. Whether they outweigh the advantages is not likely. One disadvantage is that there were no medical laboratories available. Laboratory conditions had to be simulated by the staff. That is a most difficult thing to do.

A second disadvantage was the protective environment. That is, the trainees were not forced to accustom themselves to being in and around medical facilities. Hopefully, the training program has helped the Specialists to be less fearful of medical staff and medical facilities. Perhaps a different training site would have helped in this manner. However, it is more probable that as the Specialists embark into their jobs, they will gradually become exposed to medical professionals and facilities with more positive feelings about themselves. Both the trainers and trainees agreed that a more formal environment might have distracted more important aspects of the training. The evaluators agree.

EVALUATION TECHNIQUES

The evaluation for the training project was intended to provide the trainers constant feedback on a daily basis to determine how the trainees were progressing. It also was designed to determine the knowledge and skill levels of the trainees at the half-way point and completion of the six-week period.

Daily Evaluations

Those techniques used to acquire daily information consisted of (1) the morning review sessions during which times the trainees were questioned at length, (2) daily laboratory observations and quizzes pertaining to the skills which were taught, (3) individualized oral reviews and quizzes conducted by the trainers during breaks, lunch, and rest periods, (4) daily reports which were acquired from the trainees, (5) daily reports filled out by the trainers, (6) attendance reports, and (7) daily trainer de-briefing sessions.

Although attempts were made by the trainers early in the training project to formally record and report the above-mentioned data, it all proved to be too time-consuming and massive. The trainers had been encouraged by the evaluators to collect this data. At this point, it is quite clear that too much was expected of the trainers.

What resulted were periodic reports which served the original purposes for the daily evaluation process. Most importantly the trainers were very conscious of what they expected the trainees to learn and exhibit behaviorally even though it was not possible to record everything.

The data, though much of it was unrecorded, served to set the agendas for the trainers who generally held "de-briefing" sessions for themselves at the conclusion of each training day. This data helped them to assess their own performances, trainees' performances, consultants, methodologies, and subsequently make firm plans for the next day's training session.

An apparent weakness in the daily evaluation procedure was that the consultants who were invited in were not given careful evaluations by the training staff. Formal written reports on their performances would help for future training purposes of the Migrant Council. And, these assessments could be valuable to the consultants who might want to analyze their own performances for future purposes.

Another possible weakness in the daily evaluation process was the noticeable lack of daily attendance sheets. It is difficult to know, for example, that trainee deficiencies in certain content and skill areas were due to their being absent at the times the areas were taught or because they simply were unable to grasp the areas even though they were present.

Mid-Point and Final Evaluations

Two days were set aside for each the mid-point and final evaluations during the training project. The content and skill areas covered in each of the two major evaluations were based upon the specific objectives for the

project. An examination of the evaluation instruments reveals that they were consistent with the objectives. Further, the evaluations offered a mixture of paper-and-pencil questions requiring written answers, oral questions requiring oral responses, laboratory applications to measure actual skill levels, and group problem-solving.

As near as can be determined by the evaluators, the training staff was careful in applying the most suitable evaluation techniques for each trainee. That is, in some cases, certain trainees were not proficient enough in their writing to give credence to their written answers. Therefore, they were given oral evaluations in place of written.

Because there was a need to virtually tailor the evaluations to best suit the trainees, there is some degree of difficulty in determining if all the trainees were judged on the same bases. For example, in an oral question and answer setting, it is easy for the trainer to provide cues to answers sought. These same cues are not available to the persons taking a written test. Similarly, there are certain advantages in a written test that are not available to a person taking an oral test.

Whether the advantages and disadvantages of each approach canceled each other out in the mid-point and final evaluations is not known. One can assume they did; therefore, offering credence to both. Given the circumstances, the best was made of a difficult situation by the trainers.

PERFORMANCE AND ACHIEVEMENT LEVELS OF TRAINEES

Knowledge of Content (+ = satisfactory, - = unsatisfactory)
blank = not completed

	Olivia Alvarado	Dora Chacon	Alma Cruz	Chester Dallas	Laura Dallas	Aurelio Garcia	Arturo Garza	Cecilio Mancha	Simona Matu	Juan Medina	María Medina	María Nunez	Juanita Sandoval	Stella Valdez
1. Body and cell needs		+	+	+	+	+	+		-	+	+	+	+	+
2. Infection		+	+	+	+	+	+		+	+	+	+	+	+
3. Respiratory System		+	+	+	+	+	+		-	+	+	+	-	+
4. Circulatory System		+	+	+	+	+	+		-	-	+	+	-	+
5. Digestive System		+	+	+	+	+	+		-	-	+	+	-	+
6. Nutrition		+	+	-	+	+	+		-	+	+	+	-	+
7. Ear		+	+	+	+	+	+		+	+	+	+	+	+
8. Urinary System		+	+	+	+	+	+		+	-	+	+	+	+
9. Reproductive System		+	+	+	+	+	+		-	+	+	+	-	+
10. Family Planning		+	+	-	+	-	+		-	+	+	+	+	+
11. Pregnancy		+	+	+	+	+	+		-	+	+	+	+	+
12. Labor and Delivery		+	+	+	+	+	+		-	+	+	+	+	-
13. Teeth and Mouth		+	+	-	+	+	+		+	+	+	+	+	+
14. Eye		+	+	+	+	+	+		+	+	+	+	+	+
15. Children		+	+	-	+	+	+		+	+	+	+	+	+
16. Environment		+	+	+	+	+	+		+	+	+	+	+	+
17. Health Care		+	+	+	+	+	+		-	+	+	+	+	+
18. First Aid		+	+	+	+	+	+		+	+	+	+	+	+

dropped out

The training staff should note that whevever a particular topic had three or more trainees doing unsatisfactory work that something might have been wrong with the way the information was taught. (Items 6, 10)

PERFORMANCE AND ACHIEVEMENT LEVELS OF TRAINEES (Continued)

Skill Performance (+ = satisfactory, - = unsatisfactory)
blank = not completed

	Olivia Alvarado	Dora Chacom	Alma Cruz	Chester Dallas	Laura Dallas	Aurelio Garcia	Arturo Garza	Cecilio Mancha	Simona Matu	Juan Madina	Maria Madina	Maria Nunez	Juanita Sandoval	Stella Valdez
1. Demonstrate use and care of thermometer		+	+	+	+	+	+	+	+	+		+	+	+
2. Demonstrate taking blood pressure		+	+	+	+	+	+	-	-	+		+	+	+
3. Handwashing technique		+	+	+	+	+	+	+	+	+		+	+	+
4. Wound cleansing and bandaging		+	+	+	+	+	+	+	+	+		+	+	+
5. Urine testing for protein, PH and sugar		+	+	+	+	+	+	-	+	+		+	+	+
6. When and how to take throat culture		+	+	+	+	+	+	-	+	+		+	+	+
7. Take pulse		+	+	+	+	+	+	+	-	+	+	+	+	+
8. Take respiration		+	+	+	+	+	+	+	+	+	+	+	+	+
9. Take and read hematocrit safely		+	+	+	+	+	+	-	+	+		+	+	+
10. Water testing		+	+	+	+	+	+	+	+	+	+	+	+	+
11. Take stool cultures		+	+	+	+	-	+	-	-	+	+	+	+	-
12. Take sputum cultures		+	+	+	+	-	+	-	-	+	+	+	+	-
13. Test vision		+	+	+	+	+	+	+	+	+	+	+	+	+
14. Take height and weight		+	+	+	+	+	+		+	+		+	+	
15. TB interview and screening		+	+	+	+	+	+		+	+		+	+	+

The training staff should note that wherever a particular skill had three or more trainees performing unsatisfactorily that something might have been wrong with the way the skill was taught. (Items 2, 5, 11, 12)

REACTIONS OF TRAINEES TO TRAINING REPORT

At the conclusion of the classroom and laboratory instruction, the evaluators met with the trainees to get their feelings about what they had been through.

They quickly expressed their gratitude about the training staff, the Migrant Council, and the Intermountain Regional Medical Program.

The trainees seemed to like the following aspects of their training:

- the sessions on reproduction, first aid, family planning, and the cultural aspects of Migrant health care.
- the morning reviews, the laboratory experiences, and group work.
- the training site.
- the training schedule and agendas.
- the living arrangements (for those who had to be away from home).

The aspects they didn't like included:

- the tardiness of some trainees.
- a particular film on cleanliness which seemed to degrade migrant workers and their families.

REACTIONS OF TRAINERS TO TRAINING REPORT

The trainers were talked with by the evaluators at the conclusion of the classroom and laboratory instruction. The following was expressed by them:

- the objectives gave them much needed help.
- it was difficult to get properly organized at first but learned to work together as a team.
- the field work should have begun earlier and should have been interspersed with classroom instruction throughout the training period.
- the training site had many advantages, but at times it would have been helpful to have access to clinical facilities.
- there was general satisfaction with the quality of the consultants.
- the trainers will need to stay close to the trainees for a period of time to help them along and overcome some weaknesses.
- the trainers felt they learned from the content and from the training process itself.
- the evaluation process was difficult, cumbersome, and uncertain at first, but it smoothed out after a while

- all seemed to think that the training coordinator should, in the future, stay out of any heavy involvement in actual training. It places too much of a burden on that person because there are so many other matters that need the person's attention.

CONCLUDING COMMENTS

Objectives

The evaluators were favorably impressed with the trainers' sincere efforts to adhere to the project's objectives. There are, in all probability, some ways to improve those objectives. However, it is strongly felt that the objectives were derived in the proper ways. They were based on the Specialists' job descriptions and were stated clearly. They seemed realistic and were quite easily measured.

The objectives significantly contributed to the cohesiveness of the training staff and served to aid the trainees. They felt they knew what was expected of them throughout the training period.

Trainers

The trainers did their jobs well. Trainee performance will bear out that assertion. The trainees also felt that the trainers gave all they could to the training project.

It is to the credit of the Migrant Council that the training staff was comprised of the Health Project staff. The continuity in the Specialists' development is more likely because of this. It could be argued that outside trainers with more glowing credentials should have been hired as trainers for the project. However, the combination of content and camaraderie is difficult to acquire if emphasis is placed on credentials first.

It is the opinion of the evaluators, based upon what was observed, that the ability to relate to the trainees cannot be placed second to content. Content is important, but too much could have hurt in these early stages of career development for the Migrant Health Specialists. They are now more ready for more specialized training.

RECOMMENDATIONS

1. The training project was well conceived and well implemented. The entire project, materials, and methodologies should be reported and stored for use at a later date. The project has dissemination value. That is, it should be shared with others by telling them about it. Either the Migrant Council or the IRMP should assume responsibility for that task.

2. In the future, the trainers should be allowed more time to prepare for particular aspects of the training. Consultants, films, field trips, laboratory experiences, reporting, and evaluating techniques can be improved if the lead preparation time is allowed.

3. In the future, there should be clinical facilities made available to the training project.

4. It is highly important that all trainees be followed-up with by the trainers. After a close inspection of each trainee's training records, the trainers should provide the necessary instruction and experiences for the trainees to diminish any of their weaknesses.

5. Upon satisfactory completion of all content and skill areas, each trainee should receive a certificate from an authoritative and legitimate source. The Migrant Council should advocate for them. Career development will be a tangible reality for the trainees if this is done.

6. The training coordinator should be provided staff assistance to handle logistical, clerical, and printing activities. The training coordinator's time should be devoted more to managing the training staff and the content and methodologies of the training program.